



Gary W. Black  
Commissioner

# Georgia Department of Agriculture

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## **COMPANY NAME CHANGE APPLICATION**

**Use this form to request a change in the name of the company.**

Company License Number \_\_\_\_\_ Date \_\_\_\_\_

Present Company Name \_\_\_\_\_

REQUESTED NEW COMPANY NAME:

\_\_\_\_\_

Submitted and Signed by \_\_\_\_\_

E-mail address: \_\_\_\_\_

Submit this form by mail, fax or e-mail (Lillian.Santiago@agr.georgia.gov)

Additional Remarks:

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